

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

ADDRESS (number and street)

PO Box 77492 -- Capitol Hill

Check if different  
than previously  
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00389882

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert D. Kampia

Signature of Treasurer

Electronically Filed by Robert D. Kampia

Date

0 1

3 0

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		27937.93
(b) Cash on Hand at Beginning of Reporting Period .....	16463.19	
(c) Total Receipts (from Line 19) .....	5945.38	45625.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22408.57	73563.57
7. Total Disbursements (from Line 31) .....	0.00	51155.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22408.57	22408.57
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2260.00	24715.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3685.38	20910.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5945.38	45625.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	5945.38	45625.64
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5945.38	45625.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5945.38	45625.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	51030.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	125.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		0.00	51155.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		0.00	51155.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5945.38	45625.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5945.38	45625.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Ablon

Mailing Address 5848 Ocean View Dr.

City

Oakland

State

CA

Zip Code

94618-1535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Passage

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8468

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd.

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cyprus Pathology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8474

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Marc Bejarano

Mailing Address 190 North St. # 2

City

Somerville

State

MA

Zip Code

02144-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OpenWave Systems, Inc.

Occupation  
information technology (IT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.8481

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Pablo Chalmeta

Mailing Address 506 Fairview Ave.

City

Blacksburg

State

VA

Zip Code

24060-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8493

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Pablo Chalmeta

Mailing Address 506 Fairview Ave.

City

Blacksburg

State

VA

Zip Code

24060-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8494

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

James H. Cook

Mailing Address 43 Musconetcong River Rd.

City

Hampton

State

NJ

Zip Code

08827-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James H. Cook

Occupation

Public Interest Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.8502

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

James H. Cook

Mailing Address 43 Musconetcong River Rd.

City

Hampton

State

NJ

Zip Code

08827-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James H. Cook

Occupation

Public Interest Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.8503

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Adam Eidinger

Mailing Address 1858 Mintwood Pl. NW, Apt. 4

City

Washington

State

DC

Zip Code

20009-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal

Occupation

Mintwood Media Collective

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.8519

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew J. Hammett

Mailing Address 11505 Underoak Ct.

City

Reston

State

VA

Zip Code

20191-2265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.8535

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1330.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Dona Alexa Hill

Mailing Address 4039 Roberts Rd.

City

Fairfax

State

VA

Zip Code

22032-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.8541

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ted Kerkelis

Mailing Address 1943 Howard Ave.

City

San Diego

State

CA

Zip Code

92104-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EJungle Corp.

Occupation  
programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8557

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ted Kerkelis

Mailing Address 1943 Howard Ave.

City

San Diego

State

CA

Zip Code

92104-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EJungle Corp.

Occupation  
programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8556

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Ann Edwards Lee

Mailing Address 6103 S. Braeswood Blvd.

City

Houston

State

TX

Zip Code

77096-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8566

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ann Edwards Lee

Mailing Address 6103 S. Braeswood Blvd.

City

Houston

State

TX

Zip Code

77096-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8567

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Claudia Little

Mailing Address 180 Logan Dr.

City

Ashland

State

OR

Zip Code

97520-6602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
former registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8572

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald L. McMahon

Mailing Address 19495 Nelson Rd.

City

Saint Charles

State

MI

Zip Code

48655-8750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired military

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8594

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Donald L. McMahon

Mailing Address 19495 Nelson Rd.

City

Saint Charles

State

MI

Zip Code

48655-8750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired military

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8595

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Newman

Mailing Address 27141 Lerma

City

Mission Viejo

State

CA

Zip Code

92691-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newman Health Services,  
Inc.

Occupation

hearing instrument specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8604

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Jon O Novak

Mailing Address 4953 Rolling Acres Rd

City

State

Zip Code

Center Point

IA

52213-9608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8606

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jon O Novak

Mailing Address 4953 Rolling Acres Rd

City

State

Zip Code

Center Point

IA

52213-9608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8605

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert A. Shinstrom

Mailing Address P.O. Box 2845

City

State

Zip Code

Arlington

WA

98223-0650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
locksmith

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8638

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert A. Shinstrom

Mailing Address P.O. Box 2845

City

Arlington

State

WA

Zip Code

98223-0650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
locksmith

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8639

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

William M. Waring

Mailing Address 152 Berrywood Dr.

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
database designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8661

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Effie Westervelt

Mailing Address 26 Southridge Rd. E.

City

Tiburon

State

CA

Zip Code

94920-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8669

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Effie Westervelt

Mailing Address 26 Southridge Rd. E.

City

Tiburon

State

CA

Zip Code

94920-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8668

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Carolyn R. Whitford

Mailing Address 9434 E. Colonial Dr.

City

Orlando

State

FL

Zip Code

32817-4150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8672

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Wolfgang W. Wolf

Mailing Address 2800 Grand Ave. S, Apt. 213

City

Minneapolis

State

MN

Zip Code

55408-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Childrens Hospital & Clin-  
ics

Occupation  
registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8677

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

**A.**

Full Name (Last, First, Middle Initial)

Peter H. Zakel

Mailing Address 40692 Ladero St.

City

Fremont

State

CA

Zip Code

94539-3668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	8	

Transaction ID: SA11AI.8682

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

20.00

TOTAL This Period (last page this line number only) .....

2260.00